Fill in this information	to identify your case:	
Debtor 1	Douglas Ernest Taylor	
Debtor 2 (Spouse, if filing)	Martha Gail Taylor	
United States Bankru	ptcy Court for the: EASTERN DISTRICT OF TENNESSEE	
Case number 3:	15-bk-32630-SHB	Check if this is: ☐ An amended filing ☐ A supplement showing post-petition chapter
Official Form		13 income as of the following date: MM / DD/ YYYY

Schedule I: Your Income

12/13

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	Describe Employment			
1.	Fill in your employment information.		Debtor 1	Debtor 2 or non-filing spouse
	If you have more than one job,	Employment status	■ Employed	■ Employed
	attach a separate page with information about additional	Employment status	☐ Not employed	☐ Not employed
	employers.	Occupation	Attorney	Cleaning
	Include part-time, seasonal, or self-employed work.	Employer's name	The Law Office of Andrew Farmer	
	Occupation may include student or homemaker, if it applies.	Employer's address	121 Court Avenue Sevierville, TN 37862	
		How long employed the	here? 19 years	5 years

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 2 or For Debtor 1 non-filing spouse List monthly gross wages, salary, and commissions (before all payroll 2,432.63 500.00 2. deductions). If not paid monthly, calculate what the monthly wage would be. Estimate and list monthly overtime pay. 3. 0.00 +\$ 0.00 3. Calculate gross Income. Add line 2 + line 3. 2,432.63 500.00

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	otor 1 otor 2	Douglas Ernest Taylor Martha Gail Taylor	_	C	ase num	ber (<i>if known</i>)	3:	15-bk-32	630-SF	IB
	Cor	by line 4 here	4.	1	For Del	2,432.63		For Debtor		
	•						,			_
5.	List	all payroll deductions:								
	5a.	Tax, Medicare, and Social Security deductions	5a.		§	0.00	\$		0.00	_
	5b.	Mandatory contributions for retirement plans	5b.		§	0.00	\$		0.00	_
	5c.	Voluntary contributions for retirement plans	5c.		<u> </u>	0.00	\$		0.00	
	5d.	Required repayments of retirement fund loans	5d.		<u> </u>	0.00	\$		0.00	_
	5e. 5f.	Insurance Domestic support obligations	5e. 5f.		\$ \$	0.00	\$ \$		0.00	_
	5g.	Union dues			P	0.00	Ф \$		0.00	
	5y. 5h.	Other deductions. Specify:	5g. 5h.				φ + \$		0.00	_
6.		I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	— 6. 6.		· ——	0.00	·	-	0.00	_
7.		culate total monthly take-home pay. Subtract line 6 from line 4.	7.	9		2,432.63	\$		500.00	_
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	;		0.00	\$		0.00	
	8b.	Interest and dividends	8b.	,	\$ <u> </u>	0.00	\$,	0.00	<u> </u>
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	t 8c.	Ç	6	0.00	\$,	0.00)
	8d.	Unemployment compensation	8d.	,	\$	0.00	\$		0.00	<u> </u>
	8e.	Social Security	8e.	,	\$	0.00	\$,	0.00	<u> </u>
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.		\$	0.00	\$	-	0.00	
	8g.	Pension or retirement income	8g.		§	0.00	\$		0.00	_
	8h.	Other monthly income. Specify: Taking care of someone	8h.	+ 3	<u> </u>	0.00	+ \$	2	,000.00	<u>) </u>
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$		0.00	\$		2,000.0	00
10	Cal	culate monthly income. Add line 7 + line 9.	10.	r	2.4	32.63 + \$		2,500.00	_ @	4 022 62
10.		I the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	<u> </u>	2,4.	32.03 T Ψ_		2,300.00]	4,932.63
11.	Incl othe Do	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, you er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not excify:	r depe					in <i>Schedu</i>	le J. +\$	0.00
12.		If the amount in the last column of line 10 to the amount in line 11. The reste that amount on the Summary of Schedules and Statistical Summary of Certailies							\$	4,932.63
13.	Do	you expect an increase or decrease within the year after you file this form	1?						Combi month	ined Ily income
		No. Yes. Explain:								